1.10		Tila	NSYLVANIA	
	ruur	17/12/	Breslow	
	lo Se)			
(In	the space above e	nter the full name(s,) of the plaintiff(s).)	•
		- against -		
\mathcal{L}^{0}	urvana	. Co.		COMPLAINT
19	30 W	. Rio So	alado Prus	Jury Trial: 🛱 Yes □ N
10	impe.	AZ 8	5287	(check one)
•	/ / /		J = 0	(check one)
-				
(In the sp	pace above enter t	he full name(s) of th of the defendants in	ne defendant(s). If you	
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Telephone Number

List all defendants. You should state the full name of the defendants, even if that defendant is a government

		corporation, or an individual. Include the address where each defendant can be e defendant(s) listed below are identical to those contained in the above caption. f paper as necessary.
Defenda	int No. 1	Name (arvana Co.
		Street Address 1930 W. Rin Salado Pruy
		County, City Maricopa County, Tempe
		Street Address 1930 W. Rio Salado Pruy County, City Maricopa County, Tempe State & Zip Code Avilona, 85287
Defenda	nt No. 2	Name
		Street Address
		County, City
		State & Zip Code
Defenda	ent No. 3	Name
		Street Address
		County, City
		State & Zip Code
Defenda	nt No. 4	Name
		Street Address
	•	County, City
		State & Zip Code
II.	Basis for Jurisdiction:	
involvin case inv 1332, a	g a federal question and ca olving the United States C	jurisdiction. Only two types of cases can be heard in federal court: cases sees involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § one state sues a citizen of another state and the amount in damages is more than to case.
A.	What is the basis for fede Federal Questions	cal court jurisdiction? (check all that apply) Q Diversity of Citizenship
В.	If the basis for jurisdiction issue? Intustad	is Federal Question, what federal Constitutional, statutory or treaty right is at

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B.

	C.	If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?				
		Plaintiff(s) state(s) of citizenship				
		Defendant(s) state(s) of citizenship				
	III.	Statement of Claim:				
	compl includ cite an	as briefly as possible the <u>facts</u> of your case. Describe how <u>each</u> of the defendants named in the caption of this aint is involved in this action, along with the dates and locations of all relevant events. You may wish to e further details such as the names of other persons involved in the events giving rise to your claims. Do not sy cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a te paragraph. Attach additional sheets of paper as necessary.				
	A.	Where did the events giving rise to your claim(s) occur?				
	В.	What date and approximate time did the events giving rise to your claim(s) occur?				
What happened to you?	C.	Facts:				
		See				
Who did what?						
Was anyone else involved?						
Who else saw what happened?						

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IV.	Injuries:
	sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, quired and received.
	1
	< affactuent
	Jex -
v.	Relief:
	what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and sis for such compensation.
	Ala ohunt
	Sel- Affaline

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I declare under penalty of perjury that the foregoing is true and correct.
Signed this 20 day of NOVE where, 20 21.
Signature of Plaintiff Mailing Address 3H 5. Henely son Rd Unit 6103 King of Prussing, Pa. 19408 Telephone Number (215) 206-3562
Mailing Address 3H 5. Henele son Rd
Unit 6103
11 25 75 35 19408
Telephone Number (20) 706 - 356 2
Fax Number (if you have one)
E-mail Address
Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.
For Prisoners:
I declare under penalty of perjury that on this day of, 20, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.
Signature of Plaintiff:
Inmate Number

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